CAMOSUN COLLEGE

REQUEST TO ESTABLISH OR ADJUST STUDENT ANCILLARY FEE

Requests must comply with the *Student Ancillary Fees Poli*cy. If the fee is a mandatory requirement for all students, please refer to *the Tuition Fees Policy*.

Division/School:	**Date Submitted:**
Contact Name:	**Department:**
Phone:	**E-mail:**
Name of Fee:	**Suggested Implementation Date:**
What fee change is being requested? ☐ Implement ☐ Increase ☐ Decrease ☐ Cancel	**Type of Fee:** ☐ Administrative/General Fee ☐ Infrastructure Fee ☐ Fine
Amount of Current Fee: *(If applicable)*	**Amount of Proposed Fee:**
Does the proposed fee cover associated costs? ☐ **Yes** ☐ **No** *(Please explain)*	
Which Course/ Program is the fee for? *(If applicable)* **How often would this fee be assessed per student?** **How many of these transactions per year do you anticipate?**	
Rationale:	

Impact: *(Please describe communications with those affected by this fee change.)*

	Approval Process: *(Please sign and date where appropriate.)*	Approved	Date
1ˢᵗ	**Dean/Director:** _____	☐ Yes ☐ No	
2ⁿᵈ	**VP:** _____	☐ Yes ☐ No	
	After Approval, Return and Copy as Follows:		
	Original to Dean/Director to Initiate Implementation Finance Department must be contacted and included in the implementation plans.		
	Copy to Finance: _____ ☐ AR Code _____ ☐ Account # _____ ☐ Update Cashier Form _____		
	Copy to Associate Registrar: _____ ☐ Update of Publications _____ ☐ Update of System _____		